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=> s (GPC3 or AC002420.1 or DGSX or GTR2-2 or MXR7 or OCI-5 or SDYS or SGB or SGBS or SGBS1 or "glypican 3")

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=> s L2 and ("skin cancer" or melanoma)

L3 80 L2 AND ("SKIN CANCER" OR MELANOMA)

=> s L2 n ("skin cancer" or melanoma)

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=> d L5 bib abs 1-4

L5 ANSWER 1 OF 4 CAPLUS COPYRIGHT 2010 ACS on STN

AN 2009:1143216 CAPLUS

DN 152:259584

TI Glypican-3 protein expression in primary and metastatic melanoma: a combined immunohistochemistry and immunocytochemistry study

AU Kandil, Dina; Leiman, Gladwyn; Allegretta, Mark; Evans, Mark

CS USA

SO Cancer (Hoboken, NJ, United States) (2009), 117(4), 271-278

CODEN: CANCAR; ISSN: 0008-543X

PB John Wiley & Sons, Inc.

DT Journal

LA English

AB BACKGROUND: The incidence of melanoma is increasing. Fine-needle aspiration (FNA) is crit. in documenting recurrent/metastatic disease in established cases. The potential of metastatic melanoma (MM) to mimic epithelial tumors presents a diagnostic dilemma. In liver FNA, the distinction between hepatocellular carcinoma (HCC) and MM is a frequent challenge. Glypican-3 (GPC3), a heparan sulfate proteoglycan, is a highly sensitive and specific marker for HCC. Serum GPC3 was shown to be expressed in 40% of primary melanomas (PMs), but to the authors' knowledge no tissue studies to date have assessed GPC3 expression in MM. In this

study, GPC3 protein expression was investigated in FNAs from MM, and in corresponding histol. sections from the primary tumors. METHODS: Sixty archival, direct FNA smears or CytoLyt-fixed samples from 50 patients with MM were retrieved together with formalin-fixed, paraffin-embedded specimens available from 17 corresponding PMs. All cases were stained with anti-GPC3 antibody. FNA and core biopsy specimens from HCCs and benign liver were used as pos. and neg. controls. GPC3 expression was divided into 2 categories: neg. (neg. or weak cytoplasmic staining) and pos. (moderate or strong cytoplasmic with membranous accentuation). RESULTS: All FNAs from MM cases were neg. (0 of 60) for GPC3. The exact 95% Clopper-Pearson confidence interval was 0.0% to 5.96%. Only 1 case of PM (1 of 17; 5.9%) demonstrated weak focal cytoplasmic staining (regarded as neg.). CONCLUSIONS: In the current study, all MM and PM cases in archival FNAs and tissue sections were found to be neg. for GPC3. These data suggest that GPC3 is not expressed in melanoma using the 1G12 clone. RE.CNT 37 THERE ARE 37 CITED REFERENCES AVAILABLE FOR THIS RECORD

ALL CITATIONS AVAILABLE IN THE RE FORMAT

L5 ANSWER 2 OF 4 CAPLUS COPYRIGHT 2010 ACS on STN  
AN 2009:216149 CAPLUS  
DN 151:144580  
TI Glypican-3: A Novel Diagnostic Marker for Hepatocellular Carcinoma and More  
AU Kandil, Dina H.; Cooper, Kumarasen  
CS Department of Pathology, University of Vermont, Burlington, VT, 05401, USA  
SO Advances in Anatomic Pathology (2009), 16(2), 125-129  
CODEN: AAPDCK; ISSN: 1072-4109  
PB Lippincott Williams & Wilkins  
DT Journal; General Review  
LA English  
AB A review. Glypican-3 (GPC3) is a heparan sulfate proteoglycan that plays an important role in cell growth and differentiation. GPC3 function is tissue dependent. In some tissues, GPC3 acts as a tumor suppressor gene, whereas in others, it acts as an oncofetal protein. Studies have shown that GPC3 is a reliable marker for hepatocellular carcinoma. The sensitivity and specificity exceeds both .alpha.-fetoprotein and hepatocyte-paraffin1. GPC3 immunohistochem. can aid in the differentiation of testicular germ cell tumors, being expressed in all yolk sac tumors but not in seminomas. GPC3 expression has also been identified in some squamous cell carcinomas of the lung and clear cell carcinomas of the ovary. The role of GPC3 in melanomas is still controversial. This article reviews the current information on the application of GPC3 immunostaining in surgical pathol. and cytol.  
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RE.CNT 41 THERE ARE 41 CITED REFERENCES AVAILABLE FOR THIS RECORD

ALL CITATIONS AVAILABLE IN THE RE FORMAT

L5 ANSWER 3 OF 4 CAPLUS COPYRIGHT 2010 ACS on STN

AN 2006:39388 CAPLUS

DN 144:228826

TI Melanoma antigen gene family D 1 protein as hepatocarcinoma marker and its application in cancer diagnosis

IN Wan, Dafang; Gu, Jianren; Yang, Shengli

PA Shanghai New World Gene Technology Development Co., Ltd., Peop. Rep. China

SO Faming Zhuanli Shenqing Gongkai Shuomingshu, 22 pp.

CODEN: CNXXEV

DT Patent

LA Chinese

FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI CN 1629637	A	20050622	CN 2003-10109398	20031215
CN 1281962	C	20061025		
PRAI CN 2003-10109398		20031215		

AB This invention relates to melanoma antigen gene family D1 protein (MAGFD1) as hepatocarcinoma marker, test kit and protein chip contg. anti-MAGED1 specific antibody for diagnosing hepatocarcinoma. The protein chip can also contains antibodies against other antigens, such as pTEN, p21, p27, p73, p53, Rb1, APC, nm23, P16, MXR7, IGF-II, TGF.alpha., HGF-R, c-erbB-1, Ras, Raf, c-myc and c-ets-2. This invention also describes medicine contg. antagonist of MAGFD1 and pharmaceutically acceptable carriers.

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L5 ANSWER 4 OF 4 CAPLUS COPYRIGHT 2010 ACS on STN

AN 2004:827193 CAPLUS

DN 142:4152

TI Identification of glypican-3 as a novel tumor marker for melanoma

AU Nakatsura, Tetsuya; Kageshita, Toshiro; Ito, Shosuke; Wakamatsu, Kazumasa; Monji, Mikio; Ikuta, Yoshiaki; Senju, Satoru; Ono, Tomomichi; Nishimura, Yasuharu

CS Department of Immunogenetics, Graduate School of Medical Sciences, Kumamoto University, Kumamoto, Japan

SO Clinical Cancer Research (2004), 10(19), 6612-6621

CODEN: CCREF4; ISSN: 1078-0432

PB American Association for Cancer Research

DT Journal

LA English

AB The authors reported recently the novel tumor marker glypican-3 (GPC3) for

hepatocellular carcinoma. In the present study, the authors investigated the expression of GPC3 in human melanoma cell lines and tissues and asked whether GPC3 could be a novel tumor marker for melanoma. Expression of GPC3 mRNA and protein was investigated in human melanoma cell lines and tissues using reverse transcription-PCR and immunohistochem. anal. Secreted GPC3 protein was quantified using ELISA in culture supernatants of melanoma cell lines and in sera from 91 patients with melanoma and 28 disease-free patients after surgical removal of primary melanoma. All of the subjects were Japanese nationals. In >80% of melanoma and melanocytic nevus, there was evident expression of GPC3 mRNA and protein. Furthermore, GPC3 protein was evidenced in sera of 39.6% (36 of 91) of melanoma patients but not in sera from subjects with large congenital melanocytic nevus (0 of 5) and from healthy donors (0 of 60). Twenty-seven of 36 serum GPC3-pos. patients were neg. for both serum 5-S-cysteinyl-dopa and melanoma-inhibitory activity, well-known tumor markers for melanoma. The pos. rate of serum GPC3 (39.6%) was significantly higher than that of 5-S-cysteinyl-dopa (26.7%) and of melanoma-inhibitory activity (20.9%). Surprisingly, the authors detected serum GPC3 even in patients with stage 0 in situ melanoma. The pos. rate of serum GPC3 at stage 0, I, and II (44.4%, 40.0%, and 47.6%) was significantly higher than that of 5-S-cysteinyl-dopa (0.0%, 8.0%, and 10.0%). Also obsd. was the disappearance of GPC3 protein in sera from 11 patients after surgical removal of the melanoma. GPC3 is apparently a novel tumor marker useful for the diagnosis of melanoma, esp. in early stages of the disorder.

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